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COMBINED DEC AUTHORIZATION	LARATION AND POWER OF ATTORNEY N OF AGENT	ATTORNEY DOCKET NO.					
As a below named inve	entor, I hereby declare that:						
My residence, post offic	My residence, post office address and citizenship are as stated below next to my name,						
I believe I am the origin inventor (if plural name sought on the invention	al, first and sole inventor (if only one name is es are listed below) of the subject matter wh n	listed below) or an original, first and joint ich is claimed and for which a patent is					
entitled A DEVICE FO	R HOLDING A HAND-HELD SHOWERHEA	AD AND THE LIKE					
the specification of whi	ich						
(Check one)	□ is attached hereto  was filed on	as					
<i>,</i>	Application Serial No.	and					
	was amended on(If application	able)					
	was amended through(If applications are not contained through	able)					
I hereby state that I including the claims, a	have reviewed and understand the conter as amended by any amendment referred to	ts of the above identified specification, above.					
	y of disclosure all information which is know le 37, Code of Federal Regulations, § 1 56.	n to me to be material to the patentability					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:							
Prior Foreign	Application(s)	Priority Claimed					

(Number) (Country) (Day/Month/Year filed) Yes No

(Number) (Country) (Day/Month/Year filed) Yes No

(Number) (Country) (Day/Month/Year filed) Yes No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
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2942 West 5th St., Brooklyn, NY 11214	Citizen of U.S.A	
FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
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